

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		409043.60
(b) Cash on Hand at Beginning of Reporting Period.....	419933.47	
(c) Total Receipts (from Line 19)	26263.52	141121.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	446196.99	550165.21
7. Total Disbursements (from Line 31)	51481.77	155449.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	394715.22	394715.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17232.91

94836.23

(ii) Unitemized

8320.60

44313.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

25553.51

139149.66

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

25553.51

139149.66

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

710.01

1971.95

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

26263.52

141121.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

26263.52

141121.61

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	481.77	1949.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	481.77	1949.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	153500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51481.77	155449.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51481.77	155449.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25553.51	139149.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25553.51	139149.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	481.77	1949.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	710.01	1971.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-228.24	-21.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Evan Ashkin MD

Mailing Address 1528 Pinecrest Rd

City

Durham

State

NC

Zip Code

27705-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671106

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Claire Lawton Birdsong MD

Mailing Address 232 Newpark Pl

City

Columbia

State

SC

Zip Code

29212-8666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbin Family Practiice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671169

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

C. Terence Patrick Cahill MD

Mailing Address 515 S Moore St

Ste 1 United Clinics

City

Blue Earth

State

MN

Zip Code

56013-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHD Clinics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

935.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey J Cain MD

Mailing Address 341 S High St

City State Zip Code
 Denver CO 80209-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2669174

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Adam Carlyle MD

Mailing Address PO BOX 3014
 2309 Buchanan Dr

City State Zip Code
 Ames IA 50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine East

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C2671097

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Lee Marvin Carter MD

Mailing Address PO BOX 506

City State Zip Code
 Huntingdon TN 38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : C2670994

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Sue Coats MD

Mailing Address 2324 W 13th St N

City

Wichita

State

KS

Zip Code

67203-1927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wichita Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671163

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Steven Michael Connolly MD

Mailing Address 7410 Old Erie View Dr

City

Fayetteville

State

NY

Zip Code

13066-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2014

Transaction ID : C2669854

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2014

Transaction ID : C2669824

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

1316.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ciprian Crismaru MD

Mailing Address 1591 Dexter Lake Dr
Apt 203

City State Zip Code
Cordova TN 38016-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2670808

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

B. Frank B Dibble MD

Mailing Address PO BOX 519

City State Zip Code
Rye Beach NH 03871-0519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Veterans Administration

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2670147

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis M Dimitri MD

Mailing Address 295 Lincoln St Ste 204

City State Zip Code
Worcester MA 01605-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UMass Memorial Medical Group

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669182

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

821.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jocelyn Duffy MD

Mailing Address 6 Trask Rd

City

Boxford

State

MA

Zip Code

01921-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew Jack Fercowicz MD

Mailing Address 202 S John Redditt Dr

City

Lufkin

State

TX

Zip Code

75904-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : C2669881

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2670812

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1215.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph W Gravel MD

Mailing Address 16 Patriot Way

City	State	Zip Code
North Reading	MA	01864-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Lawrence Family Health CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

Transaction ID : C2669962

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mary Nolan Hall MD

Mailing Address PO BOX 32861

City	State	Zip Code
Charlotte	NC	28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Healthcare SystemOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2014

Transaction ID : C2669811

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City	State	Zip Code
Sioux Falls	SD	57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : C2658533

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas C Hines MD

Mailing Address 10 Whittemore St

City

Arlington

State

MA

Zip Code

02474-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671272

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mark A Josefski MD

Mailing Address 396 Broadway

City

Kingston

State

NY

Zip Code

12401-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669160

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Mary Johanna K Kauffman MD

Mailing Address 2009 12th Ave E

City

Seattle

State

WA

Zip Code

98102-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : C2669878

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2669985

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Harry Clifton Knight MD

Mailing Address 10310 Middlebrook Ct

City

Mc Cordsville

State

IN

Zip Code

46055-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Health Network

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671168

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven D Knight MD

Mailing Address 103 Williams Dr

City

Harrisburg

State

IL

Zip Code

62946-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669173

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

920.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason L Knudson MD

Mailing Address 1420 N 10Th St

City

Spearfish

State

SD

Zip Code

57783-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Health Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : C2670212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark H Krotowski MD

Mailing Address 8923 Avenue A

City

Brooklyn

State

NY

Zip Code

11236-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : C2671188

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : C2671093

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

990.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2670629

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.98

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2014

Transaction ID : C2659087

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

c. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2670811

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

441.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maxwell Curtis Scarlett MD

Mailing Address PO BOX 330729

City

Fort Worth

State

TX

Zip Code

76163-0729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : C2669873

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Andrew Clifford Smith MD

Mailing Address PO BOX 370

207 Lorenz Lane

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associate

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671177

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Don A Solberg MD

Mailing Address 106 W 9th Ave

City

Ellensburg

State

WA

Zip Code

98926-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

KHV Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2670206

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dana Dana Sprute Sprute

Mailing Address 5109 Turnabout Lane

City
Austin

State
TX

Zip Code
78701-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seton/Ascension Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2014

Transaction ID : C2669850

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Suellywn Stewart MD

Mailing Address 689 Cherrington Rd

City

Westerville

State

OH

Zip Code

43081-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Licking Memorial Health Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2014

Transaction ID : C2669901

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671046

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maureen P Strohm MD

Mailing Address 3835 Fairmeade Rd

City

Pasadena

State

CA

Zip Code

91107-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671175

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Erica Williams Swegler MD

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 20 / 2014

Transaction ID : C2716255

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mary Jo Jo Welker MD

Mailing Address OSU-Rardin Family Practice Center
2231 N High St

City

Columbus

State

OH

Zip Code

43201-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671100

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671095

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : C2657984

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

17232.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 27

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City	State	Zip Code
Leawood	KS	66211-2672

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1971.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : C2665821

Amount of Each Receipt this Period

710.01

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

710.01

710.01

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154258

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53852

MM / DD / YYYY

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154259

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53852



City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154260

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

29.08

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Age Group	Number of people
13-17	2
18-24	3
25-34	4
35-44	5
45-54	6
55-64	7
65-74	8
75-84	9
85+	10

State: District:

MM / DD / YYYY

Category/
Type

3.25

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

03 / 31 / 2014

Category/
Type

7.95

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

14.18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Age Group	Percentage
18-24	0.81
25-34	0.19
35-44	0.00
45-54	0.00
55-64	0.00
65-74	0.00
75-84	0.00
85+	0.00

Three examples of date labels are shown: MM / DD / YYYY, DD / MM / YYYY, and YYYY.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

437.70

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[illegible]

438.51

481.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Healthcare Freedom Fund

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Phil Roe

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D154209

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D154218

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ami Bera

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D154206

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2014

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Transaction ID : D155736Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Cathy McMorris RodgersCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : D154204Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles Boustany Jr.Category/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Mailing Address 20 F St NW
Ste 500

City	State	Zip Code
Washington	DC	20001-6703

Transaction ID : D154203Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Dave CampCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Heck

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D154208

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Pitts

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : D155737

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City	State	Zip Code
COLLINSVILLE	IL	62234

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Shimkus

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D154264

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Transaction ID : D154205Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Peter RoskamCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City	State	Zip Code
PALM DESERT	CA	92260

Transaction ID : D154207Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Raul RuizCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 36

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Mailing Address PO BOX 76187

City	State	Zip Code
WASHINGTON	DC	20013

Transaction ID : D154201Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Sherrod BrownCategory/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

51000.00
